2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 12, 2017
Secretary of State
CC4313646698

DOCUMENT# N02000003201

Entity Name: MID-ATLANTIC CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.

Current Principal Place of Business:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202

Current Mailing Address:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202 US

FEI Number: 11-3642514

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARKOWSKI, PAUL A
245 RIVERSIDE AVE SUITE 200
JACKSONVILLE, FL 32202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAUL A. MARKOWSKI 06/12/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	IMMEDIATE PAST PRESIDENT
Name	RICHARDSON, DONALD MD
Address	855 W BRAMBLETON AVE
City-State-Zip:	NORFOLK VA 23510

Title	PRESIDENT
Name	IRWIG, MICHAEL S MD
Address	2150 PENNSYLVANIA AVE NW SUITE 3-416
City-State-Zip:	WASHINGTON DC 20037

Title	DIRECTOR
Name	ROBERTS, KATHERINE A MD
Address	207-D BULIFANTS BOULEVARD
City-State-Zip:	WILLIAMSBURG VA 23188

Title	DIRECTOR
Name	HUNDAL, RIPU MD
Address	1082 OLD CHURCHMANS RD SUITE 100
City-State-Zip:	NEWARK DE 19713

Title	ADMINISTRATIVE CEO
Name	MARKOWSKI, PAUL A
Address	245 RIVERSIDE AVE SUITE 200
City-State-Zip:	JACKSONVILLE FL 32202

Title	VP
Name	DEMPSEY, MICHAEL MD
Address	3200 TOWER OAKS BLVD SUITE 250
City-State-Zip:	ROCKVILLE MD 20852

Title	TREASURER
Name	MAI, VINH Q DO
Address	2273 WHEEL COG PLACE
City-State-Zip:	WOODBRIDGE VA 22192

Title	SECRETARY
Name	BOWEN-WRIGHT, HAZEL MD
Address	3022 JAVIER ROAD SUITE 105G
City-State-Zip:	FAIRFAX VA 22031

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL A. MARKOWSKI ADMINISTRATIVE CEO 06/12/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PAULSON, JILL MD
Address	2150 PENNSYLVANIA AVENUE, NW
City-State-Zip:	WASHINGTON DC 20037

Title	DIRECTOR
Name	SANTULLI, MICHAEL MD
Address	1405 ROLKIN CT SUITE 201
City-State-Zip:	CHARLOTTESVILLE VA 22911